State of California

TRAVEL EXPENSE CLAIM

STD. 262 (Rev 6/93) DMH-001

RESIDENCE ADDRESS IS VOLUNTARY
-CIVILCODE SECTION 1798.17

CLAIMANT'S NAME	SSN OR EMPLOYEE NUMBER*	DEPARTMENT
Stephen W. Mayberg	461-500-1641-001	Mental Health

POSITION	CBID	DIVISION OF BUREAU	INDEX NUMBER
Director	E99	Director's Office	461-500

RESIDENCE ADDRESS*	HEADQUARTERS ADDRESS	TELEPHONE NUMBER
on file	1600 Ninth Street	654-2309

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
			Sacramento	CA	95814

(1) MNTH/YR April 2009	(2)	(3)	(4)	(5) MEALS			(6)	(7) TRANSPORTATION					(8)	(9)
DATE	TIME	LOCATION WHERE EXPENSES WERE INCURRED	LODGING	BREAK-FAST	LUNCH	O.T.,L/T, N/C,RELO, OR DINNER	INCIDEN-TALS	(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE MILES	(D) PRIVATE CAR USE AMOUNT	BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
4/15	1600	San Francisco	189.55			18.00			pc	4.00	86	47.30		**258.85**
4/16			189.55	6.00	10.00	18.00	6.00							**229.55**
4/17	1100	return		6.00					pc	62.00	86	47.30		**115.30**
			379.10	12.00	10.00	36.00	6.00			66.00		94.60		**603.70**
COL CODE (Acctg Use Only)														

CLAIM TOTAL

(11) PURPOSE OF TRIP, REMARKS, AND DETAILS (Attach receipts/vouchers when required)

4/15-4/17: Director to attend and present at the American Association of Suicidology Annual Conference.

(12) Normal Work Hours
8:00 a.m. to 5:00 p.m.

(13) Pvt Vehicle License #

[redacted]

(14) Mileage Rate Claimed

0.55

ONLY

Paid by Revolving Check Number

I HEREBY CERTIFY that the above is a true statement of the travel expenses incurred by me in accordance with existing agreements and Department of Personnel Administration regulations, in the service of the State of California and that all items shown were for the official business of the State of California, and if a privately-owned vehicle was used, I have met the requirements as prescribed by S.A.M. Sections 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE	DATE	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
▷		▷	

(17) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES	DATE
▷	